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I hereby appoint:					
X Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practiti			26111 are to be named, then a custome	er number must be used):	
	Name Reg		Name	Registration Number	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
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Assignee Name and Address: Cantrele Telecom Co., Limited Liability Company 1209 Orange Street Wilmington, Delaware, 19801					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	Signature Pat Matheurs			1 Jugarany 2000	
Name	Pat Mathews		Telephone	1)	
Title	Authorized Person for Cantrele Telecom Co., Limited Liability Company				